

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

DEC 13 1934

38747

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125-

Township

Primary Registration District No. 300.9

City Cape Girardeau, Mo. (No. At Thomas Hospital)

File No. _____

Registered No. 245-

St. _____

Ward _____

2. FULL NAME

Harold Lee Lester

(a) Residence, No. _____

St. _____

Ward. _____

Ocean, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 15

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Lester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug., 23, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 3 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Layton, Mo.

MOTHER FATHER
13. NAME Columbus L. Lester

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Ky.

MOTHER FATHER
15. MAIDEN NAME Mary Jane Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Ky.

17. INFORMANT Ernest Lester (ADDRESS) Layton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Layton, Mo. DATE 11-27-34

19. UNDERTAKER Rogers, Es. (ADDRESS) Layton, Mo.

FILED 11-26-34 Layton, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1934, to Nov 25, 1934.

I last saw him alive on Nov 24, 1934. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Allergic Asthma Bronchial with Pulmonary emphysema + Broncho-pneumonia
10/7/34
11/2
Date of onset

Other contributory causes of importance: Allergy

Name of operation None Date of _____

What test confirmed diagnosis? Phy. C Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Carl W. Minneman, M. D. (Address) Cape Girardeau, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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